



PTO/SB/21 (07-06)

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		Application Number	10/691,352
		Filing Date	October 22, 2003
		First Named Inventor	Keith K. Cargin, Jr.
		Art Unit	2835
		Examiner Name	Yean Hsi Chang
		Attorney Docket Number	14231US02
Total Number of Pages in This Submission		7	

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form (1 page, in duplicate) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page, in duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Notice of Appeal - 1 page, in duplicate) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):
<b>Remarks</b>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm	McAndrews Held & Malloy, Ltd.
Signature	<i>Michael T. Cruz</i>
Printed Name	Michael T. Cruz
Date	January 8, 2007

**CERTIFICATE OF MAILING**

I hereby certify that the attached Transmittal (1 page); Fee Transmittal (1 page, in duplicate); Petition for Extension of Time (1 page, in duplicate); and Notice of Appeal (1 page, in duplicate) are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on January 8, 2007.

Name (Print/type)	Michael T. Cruz	Registration No. (Attorney/Agent)	44,636
Signature	<i>Michael T. Cruz</i>	Date	January 8, 2007

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Effective on 12/08/2004 Fees pursuant to the consolidated Appropriates Act. 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>for FY 2007</b>		Complete If Known																				
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/691,352																			
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		Art Unit	2835																			
TOTAL AMOUNT OF PAYMENT (\$)		620.00	Attorney Docket No.	14231US02																		
METHOD OF PAYMENT (check all that apply)																						
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____																						
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>13-0017</u> Deposit Account Name: <u>McAndrews Held &amp; Malloy</u> For the above-identified deposit account, the Director is hereby authorized to (check all that apply)																						
<input checked="" type="checkbox"/> Charge Fee(s) indicated below <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17																						
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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)																						
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																						
	FILING FEES		SEARCH FEES		EXAMINATION FEES																	
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)															
Utility	300	150	500	250	200	100																
Design	200	100	100	50	130	65																
Plant	200	100	300	150	160	80																
Reissue	300	150	500	250	600	300																
Provisional	200	100	0	0	0	0																
<b>2. EXCESS CLAIM FEES</b>							<b>Small Entity</b>															
<b>Fee Description</b>							<b>Fee (\$)</b>															
Each claim over 20 (including Reissues)							50															
Each independent claim over 3 (including Reissues)							200															
Multiple dependent claims							360															
<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><u>Total Claims</u></td> <td style="text-align: center;"><u>Extra Claims</u></td> <td style="text-align: center;"><u>Fee (\$)</u></td> <td style="text-align: center;"><u>Fee Paid (\$)</u></td> <td style="width: 20px;"></td> <td style="text-align: center;"><u>Multiple Dependent Claims</u></td> <td style="text-align: center;"><u>Fee</u></td> <td style="text-align: center;"><u>Fee Paid (\$)</u></td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">-20 or HP</td> <td style="text-align: center;">x</td> <td style="text-align: center;">=</td> <td colspan="3"></td> </tr> </table>							<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		<u>Multiple Dependent Claims</u>	<u>Fee</u>	<u>Fee Paid (\$)</u>			-20 or HP	x	=			
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		-20 or HP	x	=																		
HP = highest number of total claims paid for, if greater than 20																						
<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><u>Indep. Claims</u></td> <td style="text-align: center;"><u>Extra Claims</u></td> <td style="text-align: center;"><u>Fee (\$)</u></td> <td style="text-align: center;"><u>Fee Paid (\$)</u></td> <td style="width: 20px;"></td> <td colspan="3"></td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">-3 or HP</td> <td style="text-align: center;">x</td> <td style="text-align: center;">=</td> <td colspan="3"></td> </tr> </table>							<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>							-3 or HP	x	=			
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		-3 or HP	x	=																		
HP = highest number of independent claims paid for, if greater than 3																						
<b>3. APPLICATION SIZE FEE</b>																						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																						
<u>Total Sheets</u>		<u>Extra Sheets</u>		<u>Number of each additional 50 or fraction thereof</u>		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>															
						-100 /50 (round up to a whole number) x	=															
<b>4. OTHER FEE(S)</b>																						
Non-English Specification, \$130 fee (no small entity discount)							_____															
Other (e.g., late filing surcharge): <u>Notice of Appeal (\$500); one-month extension of time (\$120)</u>							<u>\$620.00</u>															
<b>SUBMITTED BY</b>																						
Signature		Registration No. (Attorney/Agent)		Telephone		(312)775-8000																
Name (print/type)		Date		January 8, 2007																		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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